Fill	in this information to identify your c	ase:										
	otor 1 Joyce A Dol											
	otor 2				_							
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	١	_							
	se number 21-10283-AMC		Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date:									
\circ	fficial Form 106l					MM / DD/ Y		ownig date.				
	chedule I: Your Inc	ome				ואואו / די / או	111		12/15			
sup spo atta	as complete and accurate as possible plying correct information. If you use. If you are separated and you che a separate sheet to this form. **Describe Employment**	are married and not filing wi	ng jointly, and your ith you, do not inclu	spouse de infori	is livi natio	ing with you, incl on about your spo	ude informa ouse. If more	ation about e space is	your needed,			
1.	Fill in your employment information.				Debtor 1				Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional	Employment status	☐ Employed ☑ Not employed				☐ Employed ☐ Not employed					
	employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Occupation Employer's name Employer's address	Retired									
		How long employed ti	here?									
Pai	t 2: Give Details About Mor	nthly Income										
unle If yo	mate monthly income as of the da ss you are separated. u or your non-filing spouse have mo	ore than one employer, co			•	•		•	0 .			
mor	e space, attach a separate sheet to	uns iorm.				For Debtor 1	For Debto					
2.	List monthly gross wages, sala deductions). If not paid monthly,		2.	\$_	0.00	\$	N/A					
3.	Estimate and list monthly overt	ime pay.		3.	+\$_	0.00	+\$	N/A				
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$_	0.00	\$	N/A				

Official Form 106I Schedule I: Your Income page 1

Debto	r 1	Joyce A Dobisch	_	Case r	number (if known)	21-10)283-AMC
				For	Debtor 1		Debtor 2 or filing spouse
	Сор	y line 4 here	4.	\$	0.00	\$	N/A
	·			· -			
		all payroll deductions:	_	•	0.00		NI/A
	5а. _Б ь	Tax, Medicare, and Social Security deductions	5a.	\$ <u></u>	0.00	\$ \$	N/A N/A
	5b. 5c.	Mandatory contributions for retirement plans	5b.	\$ \$	0.00	Φ	N/A
	5d. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d.	»— \$	0.00	Ψ _Φ —	N/A
	5u. 5e.	Insurance	5u. 5e.	\$	0.00	φ <u>—</u>	N/A
	5f.	Domestic support obligations	5f.	\$	0.00	\$ \$	N/A
	5g.	Union dues	5g.	\$	0.00	\$	N/A
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	N/A
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	 6.	\$	0.00	\$	N/A
7.	Calo	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	N/A
	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A
	8c.	Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A N/A
	8d.	Unemployment compensation	8d.	\$ <u></u>	0.00 1,735.00	»—	N/A
	8e. 8f.	Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8e. ce 8f.	\$ \$	0.00	\$ \$	N/A
	8g.	Pension or retirement income	— 8g.	\$	1,925.00	\$	N/A
	8h.	Other monthly income. Specify: Contribution from daughter	8h.+	\$	350.00	+ \$	N/A
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	4,010.00	\$	N/A
		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	4	+ \$_		N/A = \$ 4,010.00
	Incluothe Do r	te all other regular contributions to the expenses that you list in <i>Schedu</i> , and contributions from an unmarried partner, members of your household, you or friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are no cify:	ur depen		•		chedule J. 11. +\$ 0.00
,		I the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certies			•		12. \$ 4,010.00 Combined
	Do y ⊠	you expect an increase or decrease within the year after you file this form	m?				monthly income